

Hawaii Continuing Education Course Schedule

Provider Name: _____

Provider Number: _____

Course Title: _____

Course Code: _____

<u>Date(s)</u>	<u>Time</u>	<u>Location</u>	<u>Instructor(s) Name</u>

Please notify the Hawaii Insurance Division by:

- 1) Fax (808-587-6714) or
- 2) Mail (P.O. Box 3614 Honolulu, HI 96811-3614) of any revisions to this course roster once it has been submitted.